

WAC 246-976-860 Designation standards for facilities providing level I pediatric trauma rehabilitation service.

(1) Level I pediatric rehabilitation services shall:

- (a) Treat inpatients and outpatients, regardless of disability or level of severity or complexity, who are:
 - (i) Under fifteen years old; or
 - (ii) For adolescent trauma patients, determine whether educational goals, premorbid learning or developmental status, social or family needs, or other factors indicate treatment in an adult or pediatric setting.
- (b) Have and retain accreditation by the commission on accreditation of rehabilitation facilities (CARF) for hospital-based comprehensive inpatient rehabilitation category one, including the additional designated pediatric program standards required to provide pediatric rehabilitative services;
 - (i) Abeyance or deferral status do not qualify an applicant for designation;
 - (ii) If the applicant holds one-year accreditation, the application for trauma care service designation shall include a copy of the CARF survey report and recommendations;
- (c) House patients in a designated pediatric rehabilitation area, providing a pediatric milieu;
- (d) Provide a peer group for persons with similar disabilities;
- (e) Be directed by a physiatrist who is in-house or on-call and responsible for rehabilitation concerns twenty-four hours every day;
- (f) Have a diversion or transfer policy with protocols on an individual patient basis, based on the ability to manage that patient at that time;
- (g) In addition to the CARF medical consultative service requirements, have the following medical services in-house or on-call twenty-four hours every day:
 - (i) Anesthesiology, with an anesthesiologist or certified registered nurse anesthetist (CRNA);
 - (ii) A pediatrician;
 - (iii) Radiology;
- (h) Provide rehabilitation nursing personnel twenty-four hours every day, with:
 - (i) Management by a registered nurse;
 - (ii) At least one certified rehabilitation registered nurse (CRRN) on duty each day shift and evening shift when a trauma patient is present;
 - (iii) A minimum of six clinical nursing care hours per patient day for each trauma patient;
 - (iv) All nursing personnel trained and/or experienced in pediatric rehabilitation;

- (v) The initial care plan and weekly update reviewed and approved by a CRRN; and
 - (vi) An orientation and training program for all levels of rehabilitation nursing personnel;
- (i) Provide the following health personnel and services twenty-four hours every day:
 - (i) Access to pharmaceuticals, with pharmacist in house;
 - (ii) Personnel trained in intermittent urinary catheterization; and
 - (iii) Respiratory therapy;
- (j) Provide the following trauma rehabilitation services with staff who are licensed, registered, or certified, who are trained and/or experienced in pediatric rehabilitation, and who are in-house or available for treatment every day when indicated in the rehabilitation plan:
 - (i) Occupational therapy;
 - (ii) Physical therapy;
 - (iii) Psychology, including:
 - (A) Neuropsychological services;
 - (B) Clinical psychological services, including testing and counseling; and
 - (C) Substance abuse counseling;
 - (iv) Social services;
 - (v) Speech/language pathology;
- (k) Provide the following services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:
 - (i) Communication augmentation;
 - (ii) Educational component of the program appropriate to the disability and developmental level of the child, to include educational screening, instruction, and discharge planning coordinated with the receiving school district;
 - (iii) Orthotics;
 - (iv) Play space, with supervision by a pediatric therapeutic recreation specialist or child life specialist, to provide assessment and play activities;
 - (v) Prosthetics;
 - (vi) Rehabilitation engineering for device development and adaptations;
 - (vii) Therapeutic recreation;

- (l) Provide the following diagnostic services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:
 - (i) Electrophysiologic testing, to include:
 - (A) Electroencephalography;
 - (B) Electromyography;
 - (C) Evoked potentials;
 - (ii) Diagnostic imaging, including computerized tomography, magnetic resonance imaging, nuclear medicine, and radiology;
 - (iii) Laboratory services; and
 - (iv) Urodynamic testing;
- (m) Have an outreach program regarding pediatric trauma rehabilitation care, consisting of telephone and on-site consultations with physicians and other health care professionals in the community and outlying areas;
- (n) Have a formal program of continuing pediatric trauma rehabilitation care education, both in-house and outreach, provided for nurses and allied health care professionals;
- (o) Have an ongoing structured program to conduct clinical studies, applied research or analysis in rehabilitation of pediatric trauma patients, and report results within a peer-review process.

(2) A level I pediatric rehabilitation service shall:

- (a) Have a quality assurance/improvement program in accordance with WAC 246-976-881;
- (b) Participate in trauma registry activities as required in WAC 246-976-430;
- (c) Participate in the regional trauma quality assurance program as required in WAC 246-976-910.

[Statutory Authority: Chapter 70.168 RCW. 98-19-107, § 246-976-860, filed 9/23/98, effective 10/24/98; 98-04-038, § 246-976-860, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-860, filed 10/1/93, effective 11/1/93.]